

# FOOD *Forum*

1st Quarter 2003 • Issue 63

Food Aid Management

1625 K Street, NW, Suite 501 • Washington, DC 20006

## Activities to Promote Mother and Child Well-Being In CARE Title II Integrated Programming

by Joan M. Jennings, MPH

For the CARE USA PHLS Unit

CARE adopted the Household Livelihood Security (HLS) framework in 1994. HLS is an integrated framework that promotes participatory problem analysis and program design, geographically focused programming strategies, coherent and often cross-sector monitoring and evaluation systems, and, importantly, reflective practice and continued learning. HLS uses an integrated or systems approach to programming, with recognition that poor households act within broader socioeconomic and sociopolitical systems that influence resource production and allocation decisions.

Within this framework, HLS analysis has focused on identifying a limited number of key interventions that would, in combination, have the greatest positive impact on the basic needs of households. Several of the CARE Title II programs include a component to improve household agriculture production, the key source of income for many rural households, along with a component to improve the health and nutrition status of mothers and young children, as the members of the household most vulnerable to the effects of poverty. Partnership with other organizations and institutions is encouraged to meet other key needs of the target population. This document takes a closer look at two integrated CARE Title II programs. These are:

- the CARE Honduras Food Security Program (FSP), and

- the CARE Mozambique Viable Initiatives for the Development of Agriculture Program (VIDA)

Both of these programs have completed one five-year cycle of development assistance (FY1996-2000 and FY1997-2001 respectively) in a specific targeted geographic area. Both have expanded coverage and increased activities within that area for a second cycle of assistance (FY2001/2-2005/6). Both programs have included interventions to address maternal and child health and nutrition (MCH/N) within integrated programs that address other household basic needs. Yet, these two programs are very different and provide a view of the range of MCH/N interventions that can directly contribute to improvements in mother-child well-being.

Due to the efforts the CARE Honduras and Mozambique programs have invested in monitoring and evaluation, each of these programs can demonstrate positive impact for program beneficiaries to-date. Additional analysis was conducted of the FSP and VIDA evaluation databases, to take an introductory look at assessing the effect of potential synergies between program interventions to reduce the percentage of children under age five that are stunted in the region.

The CARE Honduras Title II program has developed hand-in-hand with the Government of Honduras (GOH) strategies for improving the quality of life for its citizens. The GOH food and nutrition security policies of the early 1990s grew into the present targeted plans for poverty reduction. The CARE Honduras Title II program evolved from a program that was geographically dispersed, and in which food distribution was the primary focus as an incentive for mothers to access available health and education services, into a geographically focused synergistic set of interventions based on food security analysis. Figure 1 describes the desired synergies between the CARE Honduras Food Security Program interventions.

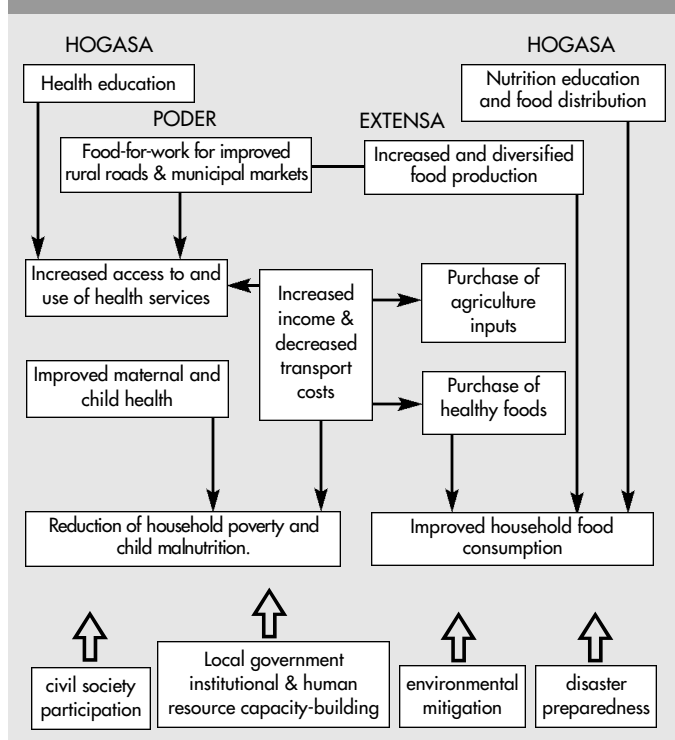
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# FAM

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**Figure 1: Synergy between Food Security Program interventions**



**The CARE Honduras Food Security Program** targets households in three geographic Departments in the region of Western Honduras -- one of the poorest regions of the country. It is an integrated program that includes three interventions: a) PODER: a food-for-work intervention for tertiary road construction and/or rehabilitation with a strong focus on activities for environmental mitigation and disaster prevention in combination with the EXTENSA intervention; the PODER intervention also serves as the entrance for cross-cutting activities for local government capacity-building; b) EXTENSA: an agriculture extension intervention to promote sustainable diversified production in a zone with limited land availability and poor soil quality, but with good potential for linkage with secondary economic corridors for marketing; and c) HOGASA: a community-based maternal-child health intervention.

The HOGASA MCH/N intervention has a strong partnership with the Ministry of Health (MOH), which has been steadily increasing its institutional capacities for supporting mother-child well-being through the Integrated Management of Childhood Illness framework. Local health centers achieve good coverage for the immunization of children and tetanus toxoid for women of reproductive age. They have sufficient supplies of oral rehydration solution, which is regularly provided to HOGASA community health volunteers. They collaborate with HOGASA in the development of a model for community-based treatment and referral of pneumonia cases.

The HOGASA MCH/N intervention directly supports all MOH maternal-child primary health care activities and further complements the strengths of the MOH by focusing on the following areas at the community level: 1) nutrition education to promote appropriate complementary feeding practices; 2) community-based growth monitoring of children; and 3) appropriate community-based case management for common childhood illnesses, such as diarrhea and/or acute respiratory infection.

nesses, such as diarrhea and/or acute respiratory infection.

HOGASA activities are carried out through training and support for community health volunteers. Direct food distribution of a monthly family ration to households with children age 6 to 24 months or pregnant or breastfeeding mothers provides a link for health and nutrition education outreach. Growth monitoring is conducted and home visits or future nutrition education meetings are scheduled at that time. The HOGASA team has determined that community-based group growth monitoring activities are not the appropriate forum for behavioral change communication in health and nutrition.

**The CARE Mozambique Viable Initiatives for the Development of Agriculture (VIDA)** program began as an agricultural extension program but has recently evolved into a program including interventions to directly promote mother-child well-being through a route very different than the CARE Honduras program.

The VIDA program grew out of a successful pilot program to promote an economically viable vegetable oil production capacity among poor households in rural communities in the province of Nampula, in northern Mozambique. This area had historically been a strong zone of commerce, with fertile soil and low population density. In spite of this potential, the province is among the poorest in Mozambique. As an objective of the food security strategy of the USAID mission in Mozambique is to increase rural household income through increased sustainable agriculture output, CARE Mozambique sought funding from this source to expand coverage when the pilot project's potential for success was apparent. The VIDA I program (FY1997-2001) was implemented in two-thirds of Nampula Province and expanded to include diversified production of a variety of crops to increase income and extend the length of the harvest period in support of stable food security throughout the year.

After 3 years of program implementation, there was evidence that there were increases in household income for participants. However, household livelihood security analysis raised the question as to whether increasing household income would immediately translate into improved household food consumption, especially for vulnerable members

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*Food Forum is published quarterly by Food Aid Management (FAM), an association of 17 United States Private Voluntary Organizations and Cooperatives working together to make U.S. food aid more efficient and effective. With its members, FAM works towards improved food security outcomes by promoting information exchange and coordination, providing forums for discussion and collaboration, and developing food aid standards. The Food Forum provides food aid and food security professionals with a forum for the exchange of technical information, field experience, and recent events.*

Funding for the Food Forum is provided by the Office of Food for Peace, Bureau for Humanitarian Response, U.S. Agency for International Development. The opinions expressed are those of the author(s) and do not necessarily reflect the views of USAID.

of the household, such as women and children. At this point, the VIDA I program chose to incorporate a nutrition intervention that would target mothers with children under age



Figure 2: Women's Nutrition Groups

five in one-third of the VIDA I program target area. The focus of the intervention is to promote appropriate complementary feeding practices for the weaning period. Extended breast-feeding is a traditional practice for the majority of mothers, while the introduction of solids occurs later than recommended, leading to inadequate intake.

The nutrition education strategy is based on improving the traditional weaning food, which is porridge made of corn or cassava. The recipes for improved weaning foods rely upon available foods traditionally produced by households or food crops that are promoted through the agricultural extension intervention of VIDA. Women's Nutrition Groups have been formed and trained to widely spread the key messages regarding the appropriate frequency of feeding for children age 6 to 24 months, the importance of calorie-dense food and the importance of Vitamin A consumption for health. A diversified diet is also promoted, based on the linkage between nutritionally balanced diets and greater diversity in food consumption.

For FY2002-2006, the program has expanded coverage of the nutrition component to all program target districts. With high rates of anemia among women and children, nutrition education will also focus on the importance of the consumption of foods rich in iron by pregnant women and/or children during the weaning period. These actions will complement national micronutrient initiatives by the Helen Keller Institute and the Ministry of Health. All of the VIDA program actions directly support the goals of the program counterpart, the Technical Secretariat for the Food and Nutritional Security Strategy (SETSAN), which coordinates Mozambique's Action Plan for Food and Nutrition Security.

**Summary of Results:** In line with CARE's commitment to demonstrate measurable positive impact for program beneficiaries and to monitor information in a timely fashion for the continuous improvement of program activities, both the CARE Honduras Food Security Program (FSP) and the CARE Mozambique Viable Initiatives for the Development of Agriculture program (VIDA) include a strong focus on monitoring and evaluation.

Among the higher-level indicators that are evaluated by the CARE Honduras FSP are indicators of household income, household food consumption and child nutritional status. One of the most exciting results found during final evaluation FY2000 was a decrease in the percentage of children age 24-59

months classified as stunted, from 54.9% at baseline to 47.2% by final evaluation. For communities just entering the program in FY2001, chronic malnutrition is even higher, at 65.8%.

Regression analysis was conducted of household participation in the different program interventions. The idea was to see if there was a difference in the impact on child malnutrition between household participation in one, two or all three of the interventions, after controlling for household socioeconomic status. The regression model predicted the probability that a child within the household was chronically malnourished (Figure 3).

Figure 3: Effect of household participation on child stunting, by intervention(s)

Variable	Coefficient
Participation in any 1 intervention (reference)	1.0000
Participation in 2 interventions	1.1115
Participation in all 3 interventions	0.3441 *

\* Significant at 0.01

Little difference was found for households participating in any two interventions (nor in any combination of 2 interventions, not shown). However, a clear relation between improvements in chronic malnutrition and participation by households in all three interventions was evident. When a household benefits from the expected synergies between all program components, as compared to households participating in only one or two interventions, the probability of finding a child with chronic malnutrition in that household is reduced by two-thirds (from 1.0000 to 0.3441). Although this analysis is very preliminary, it may indicate that there is a "threshold" level where various changes and effects accumulate sufficiently to result in measurable positive impact on higher-level indicators.

For the CARE Mozambique VIDA program, it is still too early to expect to demonstrate a synergistic effect from combined program interventions as the nutrition component was only recently integrated into the entire target area. Comparison of the final evaluation results of 2002 to results from the baseline survey in 1997 revealed no statistically significant change in the overall prevalence of chronic malnutrition among children age 24-59 months, 60.0% (1997) to 59.2% (2002). However, a decrease in the severity of stunting was demonstrated, with a decrease in 9.2 percentage points (more than 75 children in a sample of 831) in the category of severe stunting (height-for-age <3 standard deviations), as seen in Figure 4. This percentage of the child population is now classified as moderately stunted or better.

Figure 4: Severity of chronic malnutrition in children age 24-59 months

Z score Height-for-age	Baseline 1997		Survey 2002		%pts. change
	n	%	n	%	
Severe (<-3 sd)	304	34.5	210	25.3	-9.2
Moderate (<-2 sd to >-3 sd)	224	25.5	282	33.9	+8.4
Mild or none (>-2 sd)	352	40.0	341	41.0	+1.0
TOTAL	880	100.0	831	100.0	n/a

A reduction in stunting among children age 24-35 months was also found, from 65.2% to 57.7%, another positive impact that may accumulate to show measurable change in the stunting of children age 24-59 months by FY2006.

Both CARE programs show signs of a positive impact on household livelihood security, as measured by the nutritional status of one of the household's more vulnerable members, from the design of programs that include interventions to address mother and child well-being. The impact for the CARE

Honduras Food Security Program is dramatic and statistically significant, with the program continuing to build upon its years of experience in maternal-child health and nutrition. For the CARE Mozambique VIDA program, the nutritional intervention is a new addition that is beginning to show positive results and can be expected in the future to synergistically increase the positive effects already detected. Last but not least, the databases established by these programs will permit even deeper and broader analysis of a wide variety of variables and synergies at midterm and final evaluation.

As CARE moves forward in the new millennium, additional strategies are increasingly important. Initially the HLS focus was on improving the immediate conditions for household participants. As HLS has matured, CARE has recognized a need to broaden this perspective in order to achieve sustainable impact. In 1999, CARE began to seek ways to improve not only peoples' condition but also their position in society, integrating a Rights-Based Approach (RBA) into the household livelihood security framework. The Rights-Based Approach seeks to deepen holistic analysis to address the root causes of poverty, which are often part of larger systemic sociopolitical structures. No additional analysis in this area was conducted for this document; however, a good example of CARE efforts in this area can be found in descriptions of the Conflict and Rights Project in Sierra Leone (Food Forum Issue No.58). CARE programs will continue to "serve families in the poorest communities in the world...drawing strength from global diversity to promote innovative solutions and advocating for global responsibility."

## Bibliography of Resources Related to Household Livelihood Security (HLS) and Maternal/Child Health and Nutrition

Compiled by Charlie Evans, FAM Summer 2003 Intern

The materials below are related to the cover article in this quarter's Food Forum. Some materials are available online from the FAM Online Library Database as Adobe pdf files; an internet address is given below the summary wherever a material is online. Other materials may be requested from the FAM Food Security Resource Center (FSRC). Cost recovery charges may apply - please see the end of the bibliography for details.

### Household Livelihood Security: Unifying conceptual framework for CARE programming.

Household Livelihood Security Working Group, CARE-USA  
1995, 25p. FSRC #1429

Document describing CARE's new vision and program strategy - Household Livelihood Security, defined in this document as "adequate and sustainable access to income and resources to meet basic needs". The paper begins with a review of the liveli-

hood security conceptual framework as it is currently conceived. It then discusses the issues to take into consideration as CARE begins to operationalize the concept in its program activities. The paper concludes with a review of the next steps to be taken by CARE as it further develops the Household Livelihood framework and implementation strategy. Available online at: <http://www.foodaidmanagement.org/Tzehay/care1429.pdf> (Large file size: 8MB)

### Household Livelihood Security Assessments: A Toolkit for Practitioners.

TANGO International Inc: Frankenberger, Timothy R.; Luther, Kristina; Becht, James; McCaston, M. Katherine  
2002, 40p. FSRC #5607

Guidelines prepared for CARE on methods of assessing Household Livelihood Security. The document begins with an introduction to the concept of Household Livelihood Security and how it has evolved, and explains how assessing HLS is a cornerstone for helping to design development programs. The document then explains the different stages of Household Livelihood Security Assessment. It begins with a look at pre-assessment activities such as identifying stakeholders, then examines how to create livelihood security profiles and provides information on data gathering methods. The document finishes with an explanation of Data Analysis and Report Writing skills required when using the HLS Assessment process.

### Livelihood systems approach to Title II food aid: A means to incorporate food security objectives into future programming.

University of Arizona: Frankenberger, Timothy; Bart, Claude; Manthei, Jennifer  
1994, 110p. FSRC #064

This report provides the Bureau for Humanitarian Response and the Office of Food for Peace with recommendations for incorporating food security goals, objectives, activities, and monitoring strategies into Title II food aid programs. In particular, the recommendations aim to help USAID assist its PVO cooperating sponsors improve the impact and performance measurement of food security activities. The report begins with some background information on Food Aid, and how the concept of Food Security has developed, as well as looking at how PL 480 legislation has developed. The report then considers a number of conceptual issues related to food security, such as operational definitions of food security, nutritional security, livelihood security and food system analysis. This second section ends with a discussion of food security indicators and the factors to take into account in their use. The third section of the report summarizes the results of the food security reviews of 11 PVO-food assisted projects in 6 countries (summaries of these projects are annexed to the report). The fourth section of the report presents a summary of the recommendations derived from the Title II Food Aid and Food Security Strategic Workshop held in Washington in December, 1993. The final section of the report provides a set of conclusions and recommendations that USAID should consider for improving food security policy and project design.

## Maternal and Young Child Nutrition Hofvander, Yngve

1983, 120p. FSRC #1341

Document which pulls together all the valuable papers prepared and commissioned by the Consultative Group on Maternal and Young Child Nutrition of the Sub-Committee on Nutrition of the Administrative Committee on Coordination of the UN. The document contains articles on topics such as Maternal Nutrition and Under Nutrition, Child Nutrition, The Value of Breast Milk, and Weaning and Weaning Foods. Appendixed to the document is the International code of marketing of breast-milk substitutes.

## Effectiveness of maternal and child health (MCH) supplementary feeding programs: Analysis of performance in the 1980s and potential role in the 1990s.

USAID: Mora, Jose; King, Joyce; Teller, Charles H.  
1990, 129p. FSRC #0374

Review looking at the role and effectiveness of Maternal and Child Health supplementary feeding plans as they were implemented in developing countries in the 1980's, and making recommendations for improved program design, performance and impact in the 1990s. This review begins by explaining the context it was written in: "From 1976 to 1989 the PL 480 non-emergency MCH supplementary feeding program has reached an average of 11.3 million beneficiaries in 39 countries. Programs wholly supported by U.S. Food Aid were implemented by U.S. PVO cooperating sponsors, and U.S. food was contributed to MCH feeding programs administered by the WFO. Although, with the exception of the WFP, it is the largest program of its kind in the world today, food commodities reached just a small fraction of the mothers and children suffering persistent nutritional problems during the period". The review begins by examining the background to the problem of MCH feeding and examines the conceptual framework of such feeding programs. It then assesses the potential and actual effectiveness of MCH programs carried out in developing countries in the 1980's, and identifies constraints and critical elements affecting the effectiveness of these programs. The report then goes on to analyze the potential role of PL 480 Title II project food aid in MCH supplementary feeding programs, and finishes with recommendations for improved program performance and impact in the 1990s.

## Fourth report on the World Nutrition Situation: Nutrition Throughout the Life Cycle.

UN/ACC/SCN  
2000, 121p. FSRC #3292

Updated information on the nutritional status of populations in developing countries, highlighting the theme of nutrition throughout the life cycle. Topics include reports on underweight preschool children, information on global and regional trends in stunting, micronutrient malnutrition, breastfeeding and complementary feeding, and vitamin and mineral deficiencies.

Available online at: <http://www.unsystem.org/scn/Publications/rwns/4RWNS.html> (various formats)

## Activities to promote maternal and child well-being in CARE's PL480 Title II Integrated Programs: A closer look at the Honduras & Mozambique Programs.

Jennings, Joan M, Peri, Andres PhD  
2002, 17p. FSRC #8256

Document comparing two CARE integrated Title II programs: CARE Honduras Food Security Program and CARE Mozambique Viable Initiatives for the Development of Agriculture Program. Both these programs have included interventions to address maternal and child health and nutrition within integrated programs that also address other household basic needs. The document gives a background to CARE's Household Livelihood Security (HLS) approach as a way of explaining how maternal and child health and nutrition play a part in HLS. The paper then gives an outline of the activities of the two programs, and then looks at monitoring and evaluation methods used, and the results of the two programs. These results then form a discussion of similar outcomes from the two programs with the hope that this could lead to integrated interventions in the area of child malnutrition.

Available online at: [http://www.dec.org/pdf\\_docs/PDABX395.pdf](http://www.dec.org/pdf_docs/PDABX395.pdf) (Size: 518KB)

## Pre-assessment report of Honduran food and nutrition security.

McCaston, M. Katherine, Romagosa, Claudia M., CARE, USAID  
1994, 50p. FSRC #6120

A report assessing poverty and food assistance programming in Honduras to assist CARE-Honduras with a redesign of its Title II Program, which was proposed in 1994. The overall objective of the report is to help reorient CARE's programs toward an approach that recognizes the links between food security provisioning, protection and promotion. The report specifically examines all documentation that has a direct bearing on CARE-Honduras' approach to program planning/design, targeting, implementation and management and evaluation. The report begins by presenting the background to the situation in Honduras, and gives an overview of CARE programs carried out in Honduras. It then presents a general country overview, looking at Agriculture, Socioeconomic conditions, Health etc, as well as examining the situation in the Western zone of Honduras, where poverty levels are highest.

## CARE Impact Guidelines.

CARE USA Program Division  
2000 237p. #FSRC 8060

CARE has undertaken to clarify what is meant by "impact" and to develop a core set of principles for how impact is to be measured. During the past year the Impact Evaluation Initiative (IEI) brought together representatives from nine Country Offices plus a number of experts in program Design, Monitoring and Evaluation (DME). The contents of this document represent the fruit of this working group. The document contains the following sections:

IEI Report - contains the official cover memo used when these materials were sent out.

IEI Checklist- the core set of principles recommended by the Impact Evaluation Initiative Working Group.  
Impact Indicators - a menu of indicators from a variety of sources recommended for measuring impact on Household Livelihood Security (HLS).

DME Capacity Assessment Toolkit - a set of tools for use by CARE Country Offices assessing their capacities to carry out Project Design plus Monitoring and Evaluation.

Project Review Form - the standard form on which new projects are to be reported to Regional Management for approval, containing a quality checklist based on the IEI guidelines, and basic information needed for the Project database.

IEI Case Studies - descriptions of the systems nine selected projects are using to achieve and measure impact. This includes the CARE-Honduras program, FY 1996 - 2000. The IEI checklist was based on lessons learned from these case studies.

### **Mozambique: Food security in a post-war economy: Rapid livelihood security assessment for Machaze, Mabote and Massingir districts: Summary and Annexes, Report One.**

Diriba, Getachew, Leonhardt, Anne, Cooke, Neol, CARE International Technical Advisors Team for Africa

1995, 31p. FSRC #5250

Report on 1995 rapid food security assessment conducted in several districts of CARE Mozambique's operations. Examines post-war economic conditions; land and tenure ownership; crop production sub-sector; livestock production sub-sector; other sector sources of income; population trends; access to service facilities; market infrastructure; natural resources; health assessment; and nutrition assessment. Offers recommendations. See FSRC #s 5251, 5252, and 5253 for accompanying reports.

Available online at: <http://www.foodaidmanagement.org/Tzehay/care5250.pdf> (Large File Size: 121MB)

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## **Partnership Strengthening in FAM: Lessons Learned**

By Harold D. Green, Jr., Ph.D.

### **INTRODUCTION**

At the Food Aid Consultative Group meeting on March 25, 2003, the Office of Food for Peace (FFP) released their Draft Strategic Plan and Concept Paper for FY2004-2008.<sup>1</sup> The proposed strategy reflects a shift in thinking about FFP's development and relief activities as well as a shift in thinking about FFP's role in the global development arena. FFP's Strategic Objective is to reduce food insecurity in vulnerable populations. This will be accomplished via two Intermediate Results: increasing the impact of Title II programs in the field and enhancing FFP's global leadership. One of the ways FFP intends to enhance its global leadership is by strengthening its national and global partnerships. By raising this intention to the level of a Sub-Intermediate Result, FFP is underlining the importance of partnership in relief and development activities, whether in policymaking, program implementation, or operational improvement.

In February, representatives of FAM's member organizations met for a planning retreat. The goals of this retreat were to determine PVO priorities for future institutional capacity building and elaborate on how FAM might play a role in facilitating collaborative activity to meet those goals. There was strong PVO support for 'partnership strengthening' activities. Here, partnership strengthening means building the capacity of PVOs to collaborate with local NGO partners, with their PVO peers, and with U.S. and foreign governmental interests. There were a number of topics proposed under this new focus, including the development of a code of conduct for collaboration and the development of guidelines based on PVO experiences to determine when collaboration does and does not work. It was proposed that FAM create a Working Group to focus on these topics.

FAM's ISA midterm evaluation pointed out that member organizations felt FAM's activities (past and present) fostered a culture of professional sharing and interaction. Subsequently, FAM<sup>2</sup> decided to examine this phenomenon to gain a better understanding of how FAM interactions worked and to what extent they fostered partnership. That research, which seems to have anticipated PVO and USAID interest in partnership building, summarized FAM's history, isolated trends in collaboration, and presented suggestions for how collaboration in the FAM context might be improved in the next few years. The project was intended to highlight positive partnership building practices for activities outside the FAM context.

Considering the growth of interest in this topic, it seems pertinent to present the final results of that history and constituency building study in Food Forum. Hopefully, the lessons learned from FAM activities reprinted here might begin a dialogue between FAM members, other PVOs, and relevant governmental interests that will feed into the proposed Working Group's activities.

<sup>1</sup> The FFP Draft Strategic Plan for FY 2004-2008 is undergoing extensive review by Title II stakeholders and will be subject to a parameter-setting procedure prior to implementation.

<sup>2</sup> This research was implemented with the financial support of CARE USA.



Organizational partnerships and collaborative activities have been increasing in frequency over the years within the nonprofit sector. Organizational researchers are working to understand the reasons why these organizations are increasing, what the defining characteristics are, and how these organizations can ensure their success. (see Heydebrand 1989, Rothschild and Russell 1986, Rothschild-Whitt 1979, Srivastva and Cooperrider 1986, Waters 1993.) Cooperation and collaboration do not arise simply because opportunities exist. In an environment where cooperation is not traditionally accepted, it takes work to encourage that kind of interaction. The comments below build on that statement and fall within a framework of behaviors necessary for building collaborative capacity (Foster-Fishman 2001). Because partnerships and consortia are interactive and member organizations are the building blocks of those networks, these recommendations suggest ways that member organizations can improve collaborative activities.

The lessons learned and recommendations are generalized for partnerships, networks and other types of collaborative activity. Following the summary is a bibliography of relevant networking and organizational collaboration references.

### LESSONS LEARNED FROM FAM'S ACTIVITIES

Constituency (or partnership) building is the primary focus of the FAM consortium. The coordinating position that FAM serves is secondary to fostering an environment in which a common base of knowledge is shared, common procedures are developed and common goals can be achieved. In an environment of decreasing development funding it is possible that collaboration will be encouraged and perhaps linked to resources in the future. FAM's activities, then, provide a model for PVOs interested in improving their own capacities for collaboration and institutionalizing those activities throughout their organizations.

The Title II environment, though not completely stable, is stable enough to encourage cooperative and collaborative activity. Partnerships and consortia, and their member organizations, can increase the stability of that working environment by improving transparency, and by sharing information and general knowledge of each other's programs. Providing opportunities for interaction and information sharing while aiming to solve common problems of procedure and compliance is likely one of the best means for achieving that goal.

One means to support collective activity in an environment that is friendly to collaboration, but in which it may not receive total individual commitment is to formalize collaboration within work plans and establish agreements between partners and any coordinating bodies. To ensure clarity, partners should develop a set of minimum requirements for participation, taking into account variation with regard to size, age, location, funding levels and other relevant variables. Those guidelines should be incorporated into a collaborative agreement signed by each partner. This is not to increase the amount of work, reporting, or responsibilities of the various partners. It is merely to formalize, systematize and build into the monitoring and evaluation system activities that organizations are already completing. When collective action is formalized, there are means to monitor and evaluate that collaboration, well-defined avenues for collaboration, and clear

roles for each player in the collective. Until collaboration becomes systematic and institutionalized, this is the most successful means of ensuring cooperation, given the high rate of turnover in the PVO community and the variability of personal commitment to collaboration.

A review of FAM's activities reveals that information exchange functions are considered the most successful constituency-building activities. Thus, partners should focus on improving collaboration through interactive pursuits that encourage information exchange and that have the flexibility to meet changing needs. This will encourage participation, and will therefore increase the success of any partnership or collaborative activity. To maximize the impact of collaborative activities, smaller peripheral organizations should be encouraged to participate more fully, through leadership roles or partnerships with core organizations already in leadership roles.

Recent research suggests that coordination among PVOs does improve programming effectiveness, though PVOs could do more to achieve even greater results (Owada et al 1998). This indicates that circumstances are favorable for a push to encourage more collective activity. Renewed support for partnering from the PVO community and from AID provides more encouragement for collaborative activities. Though it may not seem to be, variation in individual commitment to collaboration and cooperation is a surmountable obstacle with only a very few changes in organizational behaviors. Building on past successes and incorporating a few adjustments to an organization's current activities is one of the best ways to encourage gradual growth and development in an organization (Grenier 1972). Using that framework, organizations have the opportunity to ensure that their partnerships become more successful in the future.

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## USING SOCIAL NETWORK ANALYSIS TO MONITOR INVOLVEMENT

The FAM History and Constituency Building study relied on a mixed methods approach to provide a balanced, holistic picture of FAM's collaborative activities and of member PVOs' roles in FAM activities. Qualitative and quantitative approaches were integrated to ensure valid and reliable results that reflected the 'ground truth' of FAM interactions. One of the methods applied was social network analysis and visualization. This approach, based on questionnaire responses, provides a more objective and internally valid analysis of organizational interactions and involvement in collaborative activities than would traditional self-assessments or external evaluator assessment.

Gathering data for social network analysis is simple. A network elicitation question prompts respondents to note organizational interactions with respect to each relevant activity. (For example, Steering Committee activities, Working Group activities, etc.) Responses are then entered into a spreadsheet that contains variable identifiers and

each organizational name in the top row. Basic demographic and organizational information for respondents and a '1' or a '0' for the presence or absence of an interactive link between the respondent and the particular organization is entered in each row of the spreadsheet. Responses are then aggregated by organization. To ensure the most robust measures, if any organizational respondent indicates an interaction with an organization for the particular activity, then the organizational response should reflect an interaction with that organization. This data aggregation will result in an organization-by-organization matrix of 1s and 0s that reflects interactions for a particular context.

After the data is collected and adjusted, the spreadsheet can be imported into a social network analysis software package called UCInet. This package uses matrix algebra to calculate social network measures that describe the social interactions captured by the organization-by-organization matrix. The most relevant indicators for collaborative activities are network density (how interconnected the network is), centrality (which organizations are noted as most involved), and core/periphery (a measure that dichotomizes centrality measures to increase contrast and reveal the key players). These measures can identify changes in collective activity over time and can be used to monitor and evaluate the facilitation of collaborative activity. The only caveats for monitoring and evaluation purposes are that all participating organizations must know that they are being measured and all organizations must understand that managerial decisions may be made using the data.

From UCInet, the data can be visualized by another software package called Pajek. There are other visualization programs like NetDraw and Mage, but Pajek seems to be the simplest to use. Visualization software generates diagrams that look a bit like spider webs. Each intersection in the web is an organization, and each strand of the web is an interactive relationship as reported by the respondents. These social network diagrams can be color coded to increase the information communicated. For example, core or periphery organizations could be color coded so that a viewer can easily distinguish between them. Other organizational characteristics could also be used to code the organizational nodes, depending on the needs of the analysis.

The measurement and graphic representation of social network and interaction data can provide a very powerful tool for monitoring organizational interactions and evaluating the facilitation of those interactions. With AID's proposed focus on partnership strengthening, these tools may become pertinent for PVOs in the future, particularly those that move into collaborative and interactive relationships.

## IMPORTANT WEBSITES

For UCInet and other social network analysis software:  
Analytic Technologies.  
<http://www.analytictech.com/>

For Pajek:  
<http://vlado.fmf.uni-lj.si/pub/networks/pajek/>



# Review of Guidance on Infant and Young Child Feeding in Emergencies

By Margie Ferris-Morris

In November 2001 an operational guidance for emergency programs entitled **'Infant and Young Child Feeding in Emergencies'** was issued and endorsed by 30 international agencies, NGOs and other organizations.<sup>i</sup> This interagency working group arose out of the misuse of BMS (Breast Milk Substitutes) in Kosovo. For all the agencies who endorsed this guidance, the points below supersede all other policies on infant feeding and use of BMS as they relate to emergencies.<sup>ii</sup>

1. Every agency should develop or endorse a policy relating to infant and young child feeding in emergencies (that should be institutionalized); the policy should be widely disseminated to all staff and agency procedures adapted accordingly (Section 1).
2. Agencies need to ensure the training and orientation of their technical and non-technical staff, using available training materials (Section 2).
3. There must be a designated body responsible for co-ordination of infant and young child feeding for each emergency; that body must be resourced and supported in order to carry out specific tasks (Section 3).
4. Key information on infant and young child feeding needs to be integrated into routine rapid assessment procedures; if necessary, more systematic assessment using recommended methodologies can be conducted (Section 4).
5. Simple measures should be put in place to ensure the needs of mothers and infants are addressed in the early stages of an emergency (Section 5).
6. Breastfeeding and infant and young child feeding support should be integrated into other services for mothers, infants, and young children (Section 5).
7. Foods suitable to meet the nutrient needs of older infants and young children must be included in the general ration for food aid dependent populations (Section 5).
8. Donations of breast-milk substitutes, bottles and teats should be refused in emergency situations (Section 6).
9. Any well-meant but ill-advised donations should be under the control of a single designated agency (Section 6).
10. Breast-milk substitutes, other milks, bottles or teats must never be included in a general ration distribution; these products must only be distributed according to recognized strict criteria and only provided to mothers or caregivers for those infants who need them (Section 6).

During the Kosovo crisis in 1999–2000, significant controversy arose over the use of milk products for internally dis-

placed persons and refugees. In June 1999, UNHCR, UNICEF, WFP, and WHO endorsed a **Joint Policy Statement (JPS) on Infant feeding for the Balkan Region**. The summary recommendations of this policy statement are as follows:

- Exclusive breastfeeding is protected, supported and promoted for all infants until about 6 months and continued breastfeeding through the second year of life.
- Donations of infant formula displaying brand names are not accepted.
- In very exceptional circumstances infant formula provided in generic, non-brand formula might be used.
- If artificial feeding is required as a last resort, cups and not feeding bottles should be used.
- Local produce (e.g., fruit and vegetables) and basic food aid commodities (e.g., rice, beans and lentils) are recommended as complementary infant foods. The use of specialized manufactured complementary products, which may create a dependency, is discouraged.
- (In reference to the distribution of supplementary food commodities such as dried milk powder and biscuits to children ages 0–5 years): Dried milk must not be used to feed infants.
- An education component should be an integral part of every project where supplementary food commodities (especially infant formula and commercial complementary foods) are distributed.

The JPS also endorsed the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly setting out the responsibilities of national governments, companies, health workers, and concerned organizations to ensure appropriate practice in the marketing of breastmilk substitutes, feeding bottles and teats. This endorsement includes the statement, "The Code has the following aim: to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes when these are necessary on the basis of adequate information and through appropriate marketing and distribution."<sup>iii</sup>

<sup>i</sup> Organizations endorsing this policy as of November 2001 include: ACC/SCN, Action against Hunger UK and Spain, Australian Breastfeeding Association, CAFOD, CARE, CRS-USCCB, Concern Worldwide, Emergency Nutrition Network, Geneva Infant Feeding Association, GOAL, IBFAN/ICDC, Institute for Child Health, International Lactation Consultant Association, IRC, LINKAGES, MSF-Holland, Oxfam, SCF-USA and UK, Fondation Terre des hommes, Trocaire, UNHCR, UNICEF, USAID, Vereniging Borstvoeding Natuurlijk, Women's Commission for Refugees Women and Children, WFP, WHO, World Vision International.

<sup>ii</sup> The guidelines are based on the *Infant and young child feeding in emergencies: Operational guidance for emergency relief staff and programme managers of the Interagency Working Group on Infant and Young Child Feeding in Emergencies*, July 2001. The full set of guidelines can be found online at <http://www.unnline.net/ife/ifeops.html>.

<sup>iii</sup> Joint Policy Statement (JPS) on Infant feeding for the Balkan Region, UNHCR, UNICEF, WFP, and WHO, June 1999.

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